

Congress of the United States
Washington, DC 20515

March 7, 2011

Linda Rosenstock, MD, MPH
Chair, Committee on Preventive Services for Women
Institute of Medicine
W823 Keck Center
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Washington, DC 20001

Dear Dr. Rosenstock and Distinguished Members of the Committee:

We appreciate your tremendous expertise on women's preventive health care and are grateful for your willingness to share this expertise to ensure that all new insurance plans meet women's preventive health needs. As strong supporters of the Women's Health Amendment, which gives rise to the Committee's charge, we are writing to make our understanding of the Amendment clear and to share the support we drew upon to make our determinations.

As you know, one of the key protections in the Affordable Care Act is the guarantee that all new insurance plans cover preventive interventions that have received either "A" or "B" recommendations from the United States Preventive Services Task Force (USPSTF). We strongly supported the adoption of the Women's Health Amendment because recommendations by the USPSTF, without additional legislative intervention, would have left coverage for women's preventive care lacking in several critical areas, including contraceptive services, supplies, and counseling. We write today in strong support of these services.

Contraceptive services and supplies fit well within any reasonable definition of preventive care, and their important role in the health and well-being of women is supported by a strong body of evidence. Planned pregnancies—which for most women require contraception—improve women's health. The ability to determine the timing of a pregnancy can prevent a range of pregnancy complications, including gestational diabetes, high blood pressure, and placental problems, among others. In addition, a planned pregnancy allows a woman to take steps so she is sufficiently healthy to undergo pregnancy and childbirth. A preexisting health condition such as diabetes, hypertension, or coronary artery disease may be worsened by a pregnancy.

Planned, compared to unplanned, pregnancies also have improved outcomes for the health of children. Women who wait for some time after delivery before conceiving their next child lower their risk of adverse perinatal outcomes, including low birth weight,

preterm birth, and small-for-size gestational age. Moreover, a planned pregnancy affords women an opportunity to make behavioral changes that have been shown to lead to better birth outcomes and help women enter prenatal care earlier.

For these reasons, a wide range of experts have recognized contraceptive services and supplies as a vital component of preventive health care. The Centers for Disease Control and Prevention named family planning as one of the ten most important public health achievements of the 20th century, selected “based on the opportunity for prevention and the impact on death, illness, and disability in the United States,” for the contribution family planning has made to “the better health of infants, children, and women.” The *Healthy People* series, which identifies the nation’s agenda for promoting health and preventing disease, listed family planning as one of the five priority areas under “preventive health services” in the first *Healthy People* in 1979. Family planning has been a major focus area in every *Healthy People* edition since, including the most recent.

Unfortunately, several studies indicate that costs—including co-payments and other cost-sharing requirements—play a key role in the contraceptive behavior of substantial numbers of U.S. women. A national survey from 2004 of women 18–44 who were using reversible contraception found that one-third of them would switch methods if they did not have to worry about cost; only four in 10 of those women were using a hormonal method or an IUD, and nearly half were relying on condoms. In fact, women citing cost concerns were twice as likely as other women to rely on condoms or less effective methods like withdrawal or periodic abstinence. Studies also suggest that copayments influence contraceptive choice; when Kaiser Permanente of Northern California eliminated cost-sharing for contraceptive shots and IUDs, the percentage of women choosing those methods increased by 32 and 137 percent respectively.

This is why many of the experts that value contraception as a critical preventive health service also recommend that contraceptive services and supplies be covered and available with no cost-sharing in all health insurance plans. In 1995, for example, the Institute of Medicine convened a consensus panel to address unintended pregnancy, and one of its key recommendations was to reduce “financial barriers to contraception” by “increasing the proportion of all health insurance policies that cover contraceptive services and supplies ... with no copayments or other cost-sharing requirements, as for other selected preventive health services.” The National Business Group on Health, a non-profit organization representing large employers' perspectives on national health policy issues, conducted a comprehensive review of available evidence and recommends a clinical preventive service benefit design that includes all FDA-approved prescription contraceptive methods at no cost-sharing.

In part as a result of this overwhelming medical and public health consensus, there is substantial precedent in federal law to guarantee coverage of contraception as part of preventive health care. The federal law authorizing funding for federally qualified health centers specifically includes family planning, alongside such others as prenatal and perinatal care, cancer screening, immunizations and well-child care, within the list of “preventive health services” that centers are required to make available. For nearly four

decades, Medicaid has covered family planning services and supplies and provided them to beneficiaries without co-payments. A number of existing federal laws and regulations, including those governing HMOs and those allowing states to design alternative Medicaid benefit packages, already consider "family planning services" among the "preventive services" that are required to be covered. And ten years ago, the Equal Employment Opportunity Commission issued an interpretation of the federal civil rights law that prohibits discrimination in employment, ruling that it is sex discrimination for employer-sponsored health insurance plans to provide coverage of other prescription drugs and preventive services but fail to provide coverage of contraceptives.

Thank you for the opportunity to provide our comments on the implementation of the Women's Health Amendment, and specifically to offer our strong support for the inclusion of contraceptive services and supplies—without cost-sharing requirements—as part of the essential benefits package under the Affordable Care Act. We very much appreciate your consideration and look forward to receiving your report. Please contact Adriane Casalotti, in the office of Congresswoman Lois Capps at 202-225-3601, if you have any questions or need any additional information.

Sincerely,

Lois Capps

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